

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011001

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1290

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS, ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF
W. Springer
Medical Certification

FILED MAR 26 1962

1. PLACE OF DEATH
a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITYLength of stay in 1b
82 YRS.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION NORTHEAST OSTEOPATHICInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSONc. CITY OR TOWN KANSAS CITY Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
411 So. LAWNDALE Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

WILLIAM MITCHELL GUYETT

4. DATE
OF DEATH

Month

Day

Year

MARCH 2 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-28-1875

9. AGE (last birthday)

86

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CUSTODIAN

10b. KIND OF BUSINESS OR INDUSTRY

K.C. TERMINAL

11. BIRTHPLACE (City and state or country)

CRAWFORDSVILLE, INDO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

NAPOLEON B.

13b. MOTHER'S MAIDEN NAME

MARGARET BARRETT

14. NAME OF HUSBAND OR WIFE

OKIE MAY GUYETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

MRS. OKIE GUYETT 411 So. LAWNDALE

Address

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myelogenous Leukemia

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

Gross Hematuria, Acute Laryngitis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov. 2, 1960 to March 2, 1962 and last saw him alive on March 2, 1962

Death occurred at 12:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Glenn H. Springer, D.O.

22b. ADDRESS

5902 St. John Ave.

22c. DATE SIGNED

3-3-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

MARCH 5, 1962

23c. NAME OF CEMETERY OR CREMATORY

MT. MORIAH

23d. LOCATION (City, town, or county)

KANSAS CITY, MISSOURI

24. FUNERAL DIRECTOR

C.H. BLACKMAN & Son Inc. K.C., Mo.

25. DATE RECD. BY LOCAL REG.

3-5-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. C. Reine

Licensed Embalmer No. 4879

P. O. Address N. C., N. C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.